

Case Number:	CM14-0144249		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2012
Decision Date:	10/10/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 75 year-old female with an 11/19/2012 date of injury. On 8/20/14 UR reviewed medical reports from 7/8/14 and 6/9/14 and recommended non-certification for PT 2x6 and acupuncture 2x6 for the left knee and left foot. Unfortunately, the 7/8/14 and 6/9/14 medical reports were not provided for this IMR. The most recent report provided for this IMR is the orthopedic report dated 5/1/14 from [REDACTED] that states the patient continues with pain in both knees and left ankle and is receiving therapy and acupuncture. The diagnoses includes meniscal tear left knee and left ankle derangement. The 8/20/14 UR letter states the mechanism of onset was a slip and fall on 11/19/12.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 2X6 FOR THE LEFT KNEE AND LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99 OF 127.

Decision rationale: She had recommendations for knee TKA, but wanted to hold off on surgery due to a comorbid heart condition. UR reviewed medical records from 7/8/14 and 6/9/14, which were not provided for this IMR, and denied PT and acupuncture 2x6. This IMR pertains to the PT 2x6. The most recent available report is dated 5/1/14 and notes the patient is attending PT and acupuncture, but does not provide documentation of any functional improvement with either therapy. MTUS guidelines for PT states those 8-10 sessions of PT are appropriate for various myalgias or neuralgias. The request for PT 2x6 will exceed the MTUS recommendations. Recommend denial for PT 2x6.

ACUPUNCTURE 2X6 FOR THE LEFT KNEE AND LEFT FOOT: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: She has been diagnosed with a left knee meniscal tear and left foot internal derangement. She declines surgery due to a comorbid heart condition. The 7/8/14 and 6/9/14 medical reports were provided for UR, but not for this IMR. The IMR request pertains to acupuncture 2x6. The most recent medical report available is dated 5/1/14 and states the patient is undergoing PT and acupuncture. There is no documented functional improvement with PT or acupuncture. MTUS/Acupuncture guidelines state that acupuncture treatment can be extended if functional improvement is documented. The current request for additional acupuncture 2x6 without documented functional improvement is not in accordance with the MTUS/acupuncture guidelines. Recommend non-certification of acupuncture 2x6.